

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

U. S. Application No. 10/519759 Christa Burt, Paralegal  
Publication Date 01.15.04  
Publication No. WO 2004/005647 PCT/RO/101-  
Copy of ISR US, Copy of IPER US  
Assignee information:  
Priority Info: Country US No. 60/393396 date 7.2.02 MORE (turn over)  
Correspondence checked: \_\_\_\_\_  
Inventor Name checked: F Kenneth L HOFFMAN  
Inventor Residence city: Harrison TWP, state and/or country ME citizenship: US  
International Application No. PCT US2003/020627 Language Eng  
Copy of ISR: ☒  
Copy in International Application: ☒; Translation: yes ☐ no ☐ spec. page no. \_\_\_\_\_  
371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: ☐  
Total Claims: 8 Chargeable 8 Independent 1 multiple NO  
Number of drawing Sheets: 1 Foreign language: \_\_\_\_\_  
Oath/Declaration: ☒; signed ☒ unsigned ☐ defective ☐ completed 12.30.04  
Small entity fee: \_\_\_\_\_; SME papers: yes ☐ no ☐  
Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_  
References \_\_\_\_\_  
Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered ☐ not entered ☐  
Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_  
Request for Immediate Examination: \_\_\_\_\_  
Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_  
Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_  
Priority Document(s): \_\_\_\_\_ date \_\_\_\_\_; Number of copies included \_\_\_\_\_  
Power of Attorney: \_\_\_\_\_  
Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Date of 35 USC Receipt of Request: 12.30.04 Notes: \_\_\_\_\_  
Date Completion USC 371 Requirements: 12.30.04  
Notice of Missing Requirements: \_\_\_\_\_  
Notice of Defective Response: \_\_\_\_\_  
Notice of Acceptance: 7.19.05  
Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_  
Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_